

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	9	←	↓	←	↓	←
TOTAL CLAIMS	10	████	████	████	████	████

	*		*		*	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.	←	↓	←	↓	←	↓
TOTAL CLAIMS	████	████	████	████	████	████